

## Policy & Procedure (P&P)

Policy Title :

### Acceptance Criteria for Blood Donors

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-054	All Blood Bank staff
Issue Date	Revision NO	Effective Date
1432/10/28	1	1440/08/23
Review Due Date	Related Standard NO.	Page Number#
1442/08/23	CBAHI ( LB.34 )	7

#### 01. Policy:

Blood donors are accepted according to a list of criteria to minimize the risk of harm to them.

#### 02. Definition :

N/A

#### 03. Purpose :

This policy gives an overview of donor selection criteria to ensure patient's and donor safety.

#### 04. Procedure :

##### Donor's Selection Criteria for Blood Collection

Donor's selection is based on a medical history and a limited physical examination to determine whether giving blood will harm the donor or transfusion of the unit will harm a recipient. This is done after completing donor's registration in questionnaire form.

##### 04.1. Acceptance criteria for blood donors:

##### 04.1.1. General appearance:

If donor looks ill or is excessively nervous, it is best to defer donation.

##### 04.1.2. Weight:

Not less than 50 kgms.



04.1.3. Temperature:

The donor's temperature should not be more than 37.5°C.

04.1.4. Pulse:

The frequency should be between 50 and 100 beats per minute with no pathologic irregularity.

04.1.5. Blood Pressure:

Systolic: 100 – 180 mmHg

Diastolic: 60 – 100 mmHg

04.1.6. Hemoglobin:

Accepted HB level for routine donor: Hgb 12.5 gm/dL – 18gm/dL.

Accepted HB level for autologous donors: Hgb 11.5 gm/dL.

04.1.7. Age:

Accepted age range: 18 – 60 Years

Whole blood is not collected from a donor under seventeen years old of age.

04.1.8. Skin lesions:

The skin at site of venipuncture must be free of lesions. Both arms should be examined for multiple needle punctures seen with drug use which is a cause for indefinite exclusion for blood donation.

Individuals with boils or severe skin infections anywhere in the body should be deferred

04.1.9. Whole blood is not collected from a donor more frequently than once every eight (8) weeks and not from donors who donated apheresis product less than forty-eight hours (48 H).

04.1.10. Female donors are not pregnant or has been pregnant within the last six weeks.

**DONOR DEFERRAL**

Deferral period	Cause for deferral
<b>PERMANENTLY</b>	Bleeding abnormalities/ blood clots
	cancer
	Chagas disease
	Diabetes/insulin

	epilepsy
	Heart disease / chest pain
	hepatitis
	Human growth hormone or beef insulin
	Kidney disease
	leishmaniasis
	Lung disease
	SARS
	Positive HIV, serology (AIDS patients)
	IV drug users or used intranasal cocaine
	Family member with Creutzfeldt Jacob's disease
	Dura matter transplant or reside in UK for 6 months
	TEGISON medication for Psoriasis
	TB
	Stroke
	Symptoms of AIDS
	<ul style="list-style-type: none"> <li>- Prolonged fever or diarrhea</li> <li>- Enlarged lymph nodes</li> <li>- Unexplained weight loss more than 5 kg</li> <li>- Night sweats</li> <li>- Persistent cough</li> <li>- White spot in mouth</li> </ul>
<b>For 3 years</b>	If they have been from countries with endemic malaria
	If they had been diagnosed and treated from malaria
	Soriatane medication



	Has been diagnosed and treated from brucellosis
<b>For 1 year: 12 months</b>	If himself or spouse received blood or organ transplant
	Rabies shots
	Been a nurse for kidney dialysis unit
	Been a rape victim
	Been incarcerated in a prison more than 72 hours
	Been a patient in a mental hospital
	tattoo
	acupuncture
	Ear or nose piercing
	Needle stick
	Stab wound
	A contact with AIDS patient
	Body fluid splash to mucous membrane
	Gonorrhea after treatment
	Syphilis after treatment
	A contact with hepatitis patient or receives anti HB immune globulin
	Been treated with anti-malarial treatment as prophylaxis
	Been travelled to malaria endemic area without symptoms
	Animal bite
	Been outside the kingdom for leisure trip (not married or without his family)
	If they have had any surgery or severe illness.
	Have sex with hemophilia A or B or taking money or drug for sex

<b>For 6 weeks</b>	Female donors if they have been pregnant or delivered a baby
<b>For 4 weeks</b>	Low hemoglobin < 12.5 g/dl
	High pulse rate > 100 beats/mn
	Low pulse rate < 50 beats/mn
	High blood pressure > 180 mmHg / 100 mmHg
	Vaccination or travel to endemic area or in contact with SARS patients
	Acutane medication for Acne
	Proscar medication for prostate
	Propecia or Prozac medications
<b>For one week</b>	Mild fever
	Flu or common cold
	Sore throat
	Dental extraction
	antibiotics
<b>For 72 hours</b>	Aspirin or Feldene or any aspirin containing medication if we intend to separate platelets concentrate

#### 05. Responsibilities :

05.1. All Blood Bank staff of Al-Qunfudah General Hospital.

#### 06. Equipment & Forms

06.1. Donor questionnaire Form.

06.2. Donor Records.



06.3. Memo from MOH about the donated blood volume

**07. Attachment :**

Attachment1: Transfusion Transmitted Disease Investigation.






Attachment2: Travel Deferral List /Medications Deferral list /Vaccination Deferral List.

**08. Reference**

08.1. The Technical manual of the American Association of Blood Banks.

08.2. Memo from MOH about the donated blood volume.

**Preparation, Reviewing & Approval Box**

	NAME	POSITION	SIGN & STAMP	DATE
Prepared By	Dr RAJA NACER SASSI	Head of Blood Bank		16/8/1440
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Reviewed By	Dr. AGEEL ALGANIMI	Medical Director		18/8/1440
Approved By	Dr. ABDULLAH ALJABRI	Hospital Director		18/8/1440



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## TRAVEL DEFERRAL LIST

	EUROPEAN COUNTRIES	
<b>BOVINE SPONGIFORM ENCEPHALOPATHY</b>	Albania, Austria, Belgium, Bosnia, Bulgaria, Croatia, Czech Republic, Denmark, Yugoslavia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, Netherlands, Norway, Poland, Portugal, United Kingdom, England, Isle of man, Northern Ireland, Channel Islands, Scotland, Gibraltar	
<b>Malaria risk</b>	<b>All malaria risk</b>	<b>Partial malaria risk</b>
	Afghanistan, Angola, Benin, Burkina Faso, Burma, Burundi, Cameroon, Central African Republic, Chad, Comoro, Congo, Cote d'Ivoire, Djibouti, East Timor, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Haiti, India, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Mozambique, Myanmar, Niger, Nigeria, North Korea, Pakistan, Papua, Rwanda, São Tomé, Senegal, Sierra Leone, Solomon, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Timor-Leste, Togo, Uganda, Vanuatu, Venezuela, Yemen, Zambia, Zimbabwe	Bangladesh All, except no risk in the city of Dhaka Bolivia, Botswana, Brazil Cambodia All except no risk in city of Phnom Penh and the temple complex at Angkor Wat
<b>YELLOW FEVER</b>	<b>HIGH POTENTIAL</b>	<b>LOW POTENTIAL</b>
	Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad <sup>2</sup> , Congo, Republic of the Côte d'Ivoire, Democratic Republic of the Congo <sup>2</sup> , Equatorial Guinea, Ethiopia <sup>2</sup> , Gabon, Gambia, The Ghana, Guinea, Guinea-Bissau, Kenya <sup>2</sup> , Liberia, Mauritania <sup>2</sup> , Niger <sup>2</sup> , Mali <sup>2</sup> , Nigeria, Senegal, Sierra Leone, South Sudan, Sudan <sup>2</sup> , Togo, Uganda,	Eritrea <sup>2</sup> , Rwanda <sup>3</sup> , São Tomé and Príncipe <sup>3</sup> , Somalia <sup>2</sup> , Tanzania <sup>3</sup> , Zambia





# وزارة الصحة

Ministry of Health

مستشفى القفزة العام

	Argentina2 Bolivia2 Brazil2, Colombia2, Ecuador2, French, Guiana, Guyana, Panama2, Paraguay, Peru2, Suriname, Trinidad and Tobago2, Venezuela2	
	<p>Africa: <u>Angola</u>, <u>Benin</u>, <u>Burkina-Faso</u>, <u>Burundi</u>, <u>Cameroon</u>, <u>Cape Verde</u>, <u>Central African Republic</u>, <u>Chad</u>, <u>Congo (Congo-Brazzaville)</u>, <u>Côte d'Ivoire</u>, <u>Democratic Republic of the Congo (Congo-Kinshasa)</u>, <u>Equatorial Guinea</u>, <u>Gabon</u>, <u>Gambia</u>, <u>Ghana</u>, <u>Guinea</u>, <u>Guinea-Bissau</u>, <u>Kenya</u>, <u>Liberia</u>, <u>Mali</u>, <u>Niger</u>, <u>Nigeria</u>, <u>Rwanda</u>, <u>Senegal</u>, <u>Sierra Leone</u>, <u>South Sudan</u>, <u>Sudan</u>, <u>Tanzania</u>, <u>Togo</u>, <u>Uganda</u></p> <p>Asia: <u>Bangladesh</u>, <u>Burma (Myanmar)</u>, <u>Cambodia</u>, <u>India</u>, <u>Indonesia</u>, <u>Laos</u>, <u>Malaysia</u>, <u>Maldives</u>, <u>Pakistan</u>, <u>Philippines</u>, <u>Singapore</u>, <u>Thailand</u>, <u>Timor-Leste (East Timor)</u>, <u>Vietnam</u></p> <p>The Caribbean: <u>Anguilla</u>; <u>Antigua and Barbuda</u>; <u>Aruba</u>; <u>Barbados</u>; <u>Bonaire</u>; <u>British Virgin Islands</u>; <u>Cuba</u>; <u>Curaçao</u>; <u>Dominica</u>; <u>Dominican Republic</u>; <u>Grenada</u>; <u>Haiti</u>; <u>Jamaica</u>; <u>Montserrat</u>; <u>the Commonwealth of Puerto Rico</u>, a <u>US territory</u>; <u>Saba</u>; <u>Saint Kitts and Nevis</u>; <u>Saint Lucia</u>; <u>Saint Martin</u>; <u>Saint Vincent and the</u></p>	



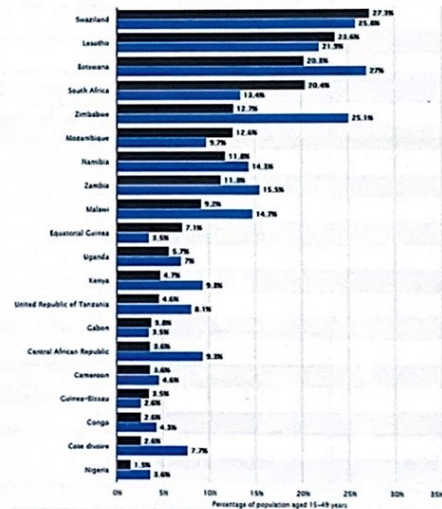


وزارة الصحة  
Ministry of Health  
مستشفى القنفذ العام

	<p><u>Grenadines; Sint Eustatius; Sint Maarten; Trinidad and Tobago; Turks and Caicos Islands; US Virgin Islands</u></p> <p>Central America: <u>Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama</u></p> <p>North America: <u>Mexico</u></p> <p>The Pacific Islands: <u>Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga</u></p> <p>South America: <u>Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, Venezuela</u></p>	
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## HIV DEFERRAL LIST

<b>Permanent deferral for HIV</b>	<b>Born in or lived in any of the following countries since 1977:</b> Cameroon, Benin, Central African Republic, Chad, Congo, Equatorial Guinea, Kenya, Gabon, Niger, Nigeria, Senegal, Togo, Zambia
<b>One Year Deferred Donors</b>	<b>Been traveled to or had sexual contact with anyone who was born in or lived in:</b> Cameroon, Benin, Central African Republic, Chad, Congo, Equatorial Guinea, Kenya, Gabon, Niger, Nigeria, Senegal, Togo, or Zambia





### Medication Deferral List

**DO NOT STOP** taking medications prescribed by your doctor in order to donate blood. Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood.

**PLEASE TELL US IF YOU:**

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days
	Effient	prasugrel	3 Days
	Brilinta	ticagrelor	7 Days
	Plavix	clopidogrel	14 Days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	1 Month
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days
	Eliquis	apixaban	
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Savaysa	edoxaban	
	Xarelto	rivaroxaban	
	Coumadin, Warfilone, Jantoven	warfarin	7 Days
	Heparin, low molecular weight heparin		
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month
Multiple myeloma	Thalomid	thalidomide	
Hair loss remedy	Propecia	finasteride	
Prostate symptoms	Proscar	finasteride	
	Avodart Jalyn	dutasteride	6 Months
Immunosuppressant	Cellcept	mycophenolate mofetil	6 Weeks
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 Months
Relapsing multiple sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			
Psoriasis	Soriatane	acitretin	36 Months
	Tegison	etretinate	Ever
Growth hormone from human pituitary glands			
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom			



## Medication Deferral List

**DO NOT STOP** taking medications prescribed by your doctor in order to donate blood.

*Some medications affect your eligibility as a blood donor for the following reasons:*

**Anti-platelet agents affect platelet function**, so people taking these drugs should not donate platelets for the indicated time; however, you may still be able to donate whole blood or red blood cells by apheresis.

**Anticoagulants or "blood thinners"** are used to treat or prevent blood clots in the legs, lungs, or other parts of the body, and to prevent strokes. These medications affect the blood's ability to clot, which might cause excessive bruising or bleeding when you donate; however, you may still be able to donate whole blood or red blood cells by apheresis.

**Isotretinoin, finasteride, dutasteride, acitretin and etretinate** can cause birth defects. Your donated blood could contain high enough levels to damage the unborn baby if transfused to a pregnant woman.

**Thalomid (thalidomide), Erivedge (vismodegib), Odomzo (sonidegib), Aubagio (teriflunomide)** may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

**Cellcept (mycophenolate mofetil) and Arava (leflunomide)** are immunosuppressants which may cause birth defects or the death of an unborn baby if transfused to a pregnant woman.

**Growth hormone from human pituitary glands** was prescribed for children with delayed or impaired growth. The hormone was obtained from human pituitary glands, which are in the brain. Some people who took this hormone developed a rare nervous system condition called Creutzfeldt-Jakob Disease (CJD, for short).

**Insulin from cows (bovine, or beef, insulin)** is an injected medicine used to treat diabetes. If this insulin came to the United States from the United Kingdom (where "mad cow disease" has occurred) it could contain material from cattle that have "mad cow disease." Although no cases of the human type of "mad cow disease" have been reported in people treated with bovine (beef) insulin, there is concern that someone exposed to "mad cow disease" through beef insulin could transmit it to someone who receives their blood.

**Hepatitis B Immune Globulin (HBIG)** is an injected material used to prevent hepatitis B infection following a possible or known exposure to hepatitis B. HBIG does not prevent hepatitis B infection in every case, therefore, persons who have received HBIG must wait to donate blood.

**Experimental Medication or Unlicensed (Experimental) Vaccine** is usually associated with a research study, and the effect on the safety of transfused blood is unknown.



## VACCINATION DONORS DEFERRAL LIST

VACCIN	DEFERRAL PERIOD	VACCIN	DEFERRAL PERIOD
Anthrax	No deferral	Mumps (MMR)	4 weeks
BCG	6 weeks	Paratyphoid	No deferral
Chicken Pox (Varivax)	3 months	Pneumococcal (Pneumovax, Prevnar)	No deferral
Diphtheria (Tetanus, Pertussis (Boostrix)	No deferral	Polio (Sabin, oral)	6 weeks
Diphtheria (Adacel, Boostrix)	No deferral	Rabies - Treatment after exposure with Immune Globulin	52 weeks
Flu Shot (influenza vaccine)	No deferral	Rabies -Treatment after exposure (no immune globulin given)	No deferral
Hepatitis A (Avaxim, Epaxal, Havrix, Vaqta, Vivaxim)	No deferral	Typhoid (Typherix, Typhim Vi, Vivaxim)	No deferral
Influenza, Flumist (intranasal)	No deferral	Typhoid (Vivotif oral)	4 weeks
Measles, Mumps, Rubella (MMR)	4 weeks	Typhoid, Hepatitis A (Vivaxim)	No deferral
HBV	4 weeks	Tetanus (Adacel, Boostrix)	No deferral
Meningococcal (Meningitec, Menjugate, Menactra, Menveo, Nimenrix, Bexsero)	No deferral	Yellow Fever	4 weeks

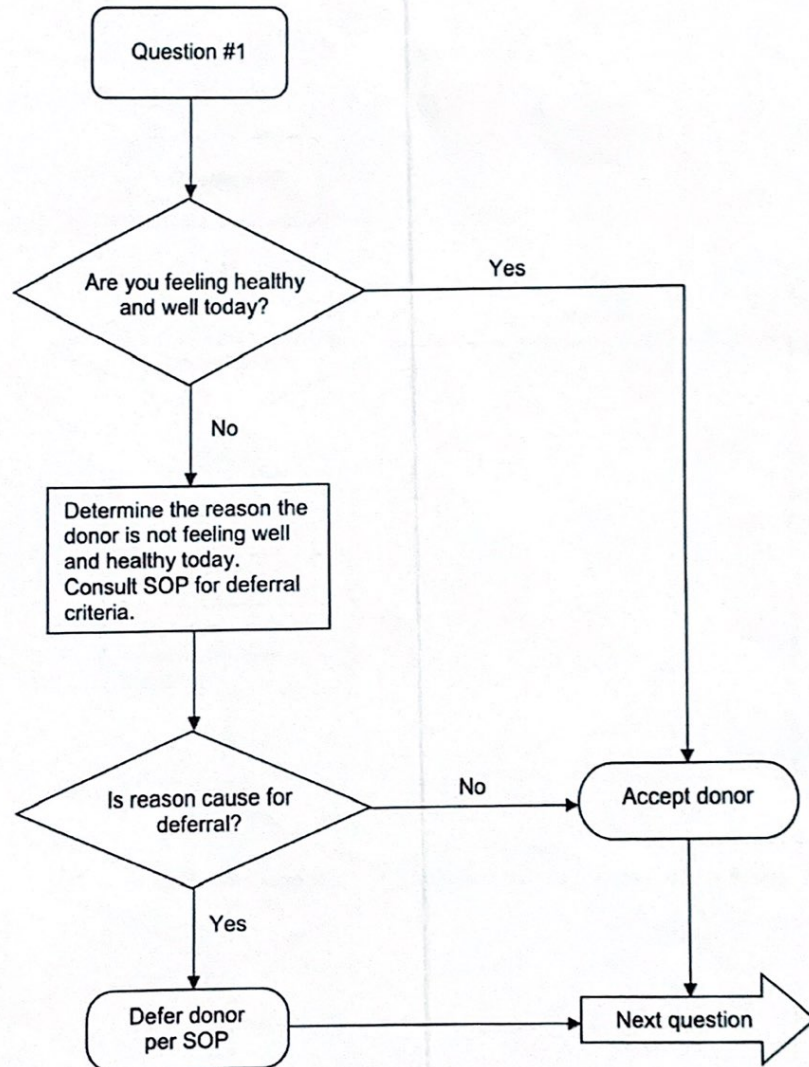


اسم المتبرع: التبرع بالدم (سري)		
رقم المتبرع:	التاريخ:	
الاسم:	العمر:	الجنسية:
رقم بطاقة الأحوال / الإقامة:	مصدرها:	التاريخ:
العنوان:	رقم الهاتف/الجوال:	
الغرض من التبرع:	<input type="checkbox"/> لوجه الله تعالى	<input type="checkbox"/> لمرض: اسم المريض
الوزن:	خضاب الدم:	فصيلة الدم:
	<input type="checkbox"/> فني بنك الدم:	<input type="checkbox"/> رخصة
	<input type="checkbox"/> علاجي	
لا	نعم	التاريخ الطبي للمتبرع بالدم
		1- هل تبرعت بالدم أو أحد مشتقاته في خلال الأسابيع الثمانية الأخيرة؟
		2- هل سبق رفضك كمتبرع بالدم؟ لماذا؟
		3- هل نقل لك أو لزوجتك دم أو مشتقاته أو أحد الأعضاء؟
		4- خلال الـ 6 أشهر الأخيرة هل أجريت لك عملية جراحية أو عانيت من مرض شديد؟
		5- خلال الثلاث ساعات الماضية هل تناولت وجبة غذائية؟
		6- خلال الشهرين الماضيين هل تناولت علاجاً بالحقن لمرض الكلب؟
		7- هل خالطت مصابياً بمرض الإيدز؟
		8- هل تناولت هرمون النمو من أوائل الثمانينات؟
		9- هل أصبت أنت أو أحد أفراد أسرتك بمرض جنون البقر؟
		10- هل أجريت لك عملية جراحية بالمخ لزراعة غشاء الديورا؟
		11- للثلاث خلال الستة أسابيع الأخيرة: هل كنت حامل أو وضعت مولوداً؟
		12- هل زرت عيادة طبيب الأسنان لخلع سن أو تنظيف الأسنان؟
		13- هل تم سجنك أو توقيفك في حجز لمدة تزيد عن 72 ساعة متواصلة؟
		14- هل تعاني حالياً أو عانيت من قبل من:
		<input type="checkbox"/> مرض الإيدز <input type="checkbox"/> التهاب كبدي فيروسي <input type="checkbox"/> حمى مالطية
		<input type="checkbox"/> مرض القلب <input type="checkbox"/> مرض بالدم <input type="checkbox"/> سيلان أو زهري <input type="checkbox"/> نقص وزن بدون سبب
		<input type="checkbox"/> لنشمانيا <input type="checkbox"/> برفقان <input type="checkbox"/> سرطان <input type="checkbox"/> مرض الصرع
		<input type="checkbox"/> ربو شعبي <input type="checkbox"/> تضخم بالغدد <input type="checkbox"/> مرض السكر <input type="checkbox"/> أخرى
		<input type="checkbox"/> ارتفاع مستمر بالحرارة <input type="checkbox"/> اسهال مستمر <input type="checkbox"/> الدرن
		15- هل تناولت حالياً أو تناولت:
		<input type="checkbox"/> أسبرين <input type="checkbox"/> دواء التجسون Tegison <input type="checkbox"/> أدوية أخرى
		16- خلال الأربع أسابيع الماضية هل تناولت:
		<input type="checkbox"/> تطعيمات <input type="checkbox"/> دواء أكويتين Accutane <input type="checkbox"/> دواء البروسكار Proscar
		17- إقرار: لقد قرأت وفهمت وأجبت بصدق على الأسئلة السابقة بقدر علمي. كما أنني تلقيت شرحاً لعملية التبرع بالدم فوائدها وانعكاساتها كما أنني أدرك أن عينة من دمي سوف تخضع لفحوصات الأمراض التي تنتقل عن طريق الدم كما أنني أفوض بنك الدم في سحب وحدة دم كاملة أو إجراء عملية فصل مكونات الدم والتصرف فيها بالطريقة التي يراها بنك الدم مناسبة كما أنني أدرك بأنه سيتم إبلاغي في حال كانت نتيجتي إيجابية وأعلم أيضاً بإمكانية انسحابي من عملية التبرع في أي وقت
		توقيع المتبرع بالدم: .....
		18- الفحص الطبي:
		<input type="checkbox"/> مقبول <input type="checkbox"/> النبض: <input type="checkbox"/> مرفوض: السبب: <input type="checkbox"/> فحص الذراعين:
		اسم الطبيب: .....
		19- سحب الدم: <input type="checkbox"/> تم السحب <input type="checkbox"/> لم يتم <input type="checkbox"/> أي آثار جانبية: <input type="checkbox"/> توقيع صاحب الدم: .....
		علاجها: .....
		20- فصل مكونات الدم
		<input type="checkbox"/> دم كامل <input type="checkbox"/> كريات حمراء مركزة <input type="checkbox"/> بلازما طازجة مجمدة
		<input type="checkbox"/> صفائح دموية <input type="checkbox"/> كرايوبريسبيات <input type="checkbox"/> أخرى
		توقيع فني فصل مكونات الدم: .....



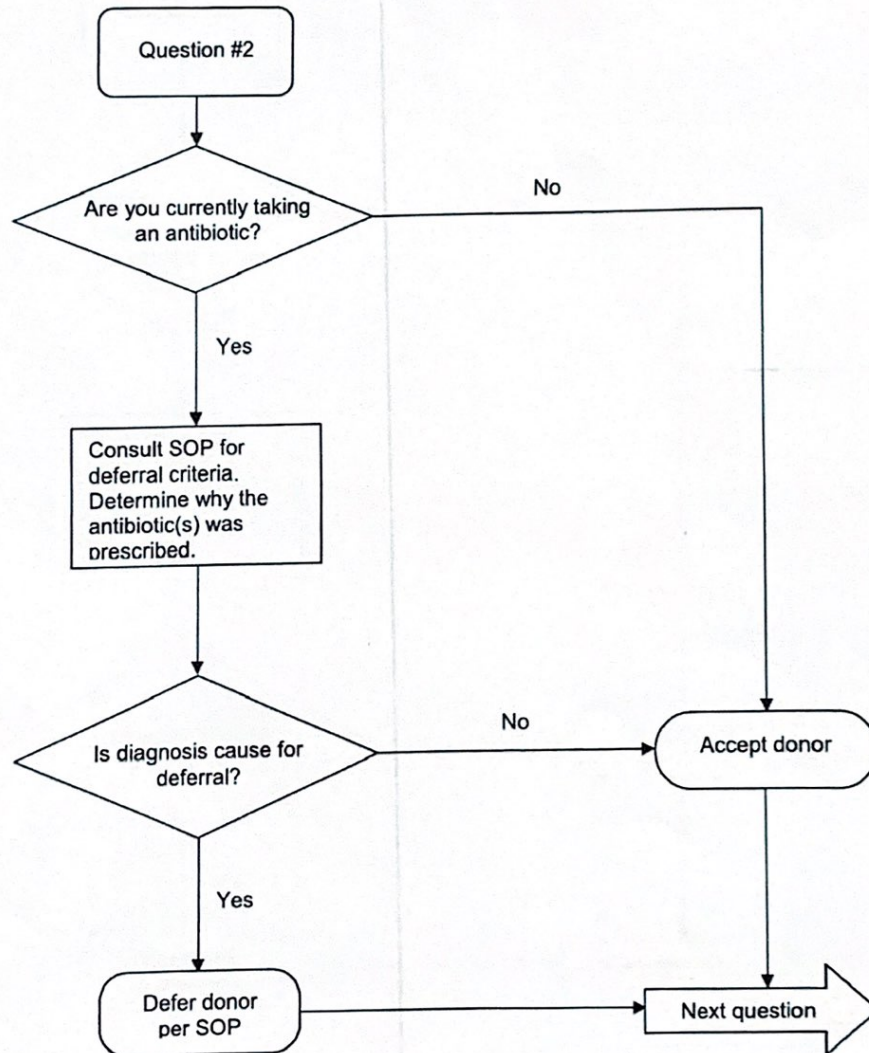
**Question:** 1. Are you feeling healthy and well today?

**Donor Eligibility:** A person should be free of infectious diseases, including colds, on the day of donation. A person who is not in good health should not donate until it is determined that the underlying condition is not cause for deferral.



**Question:** 2. Are you currently taking an antibiotic?

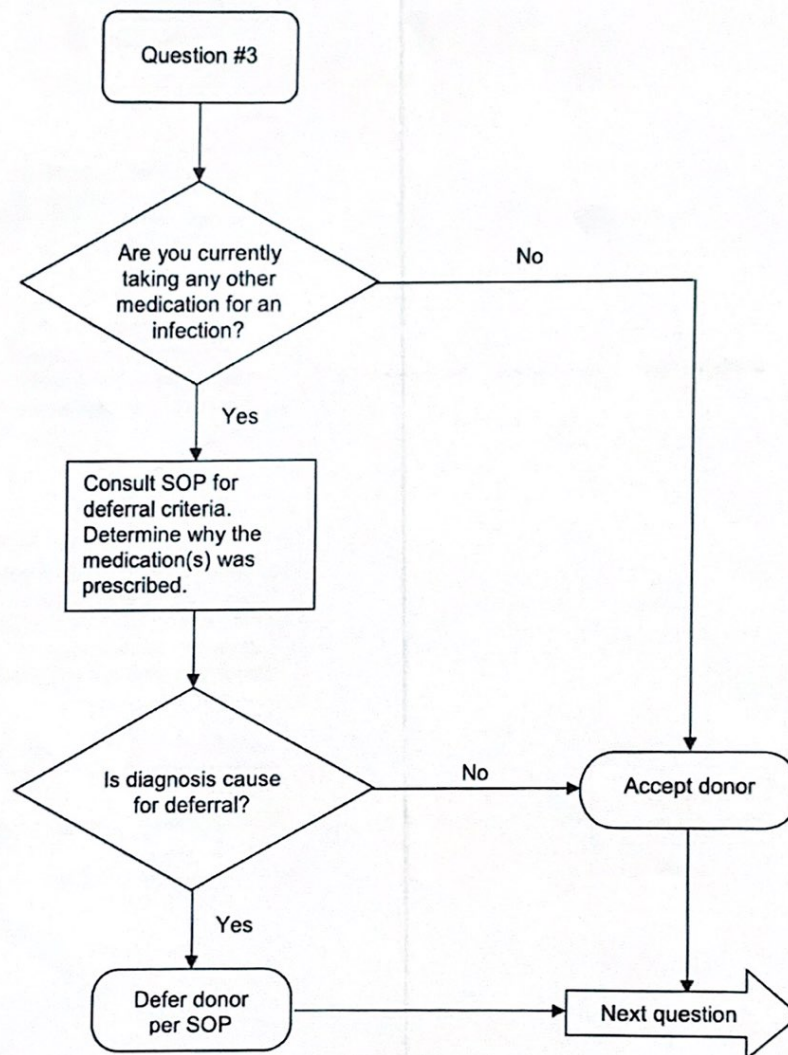
**Donor Eligibility:** The reason the antibiotic was prescribed must be evaluated to determine if the person has a bacterial infection that could be transmissible by blood. A person with an infection should not donate.





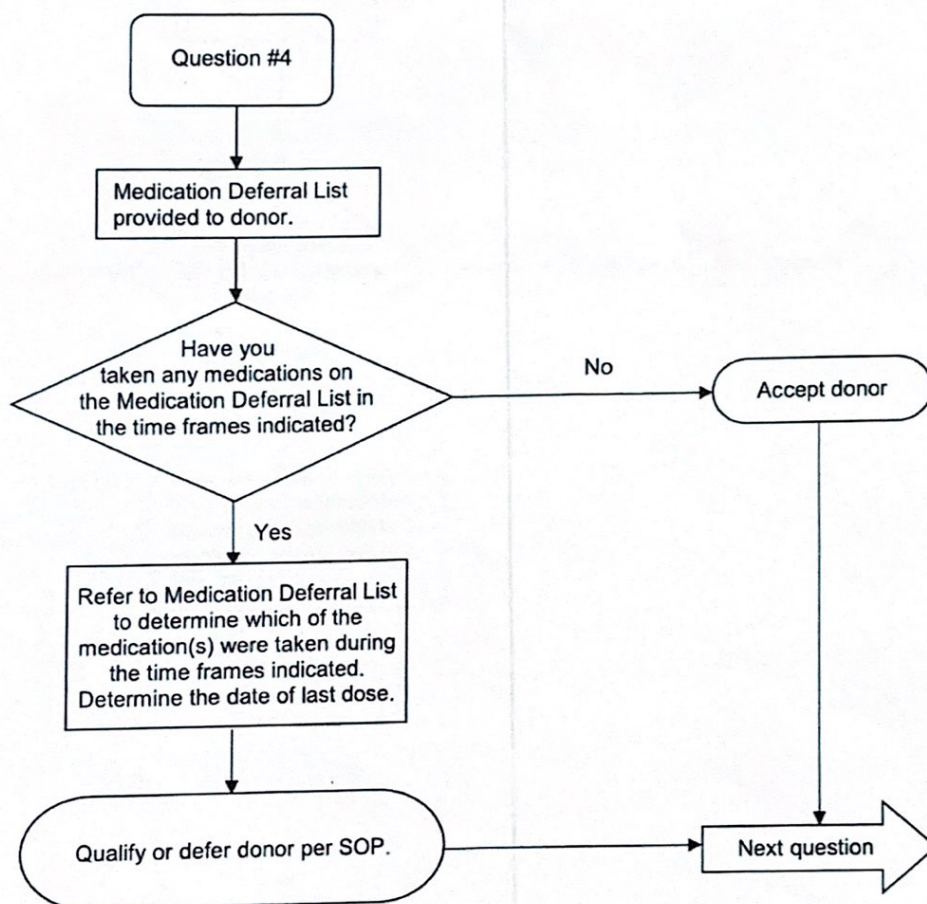
**Question:** 3. Are you currently taking any other medication for an infection?

**Donor Eligibility:** The reason for use of any medication for an infection must be evaluated to determine if the person has a viral, fungal, parasitic or other infection transmissible by blood. A person with an infection should not donate.



**Question:** 4. Have you taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)

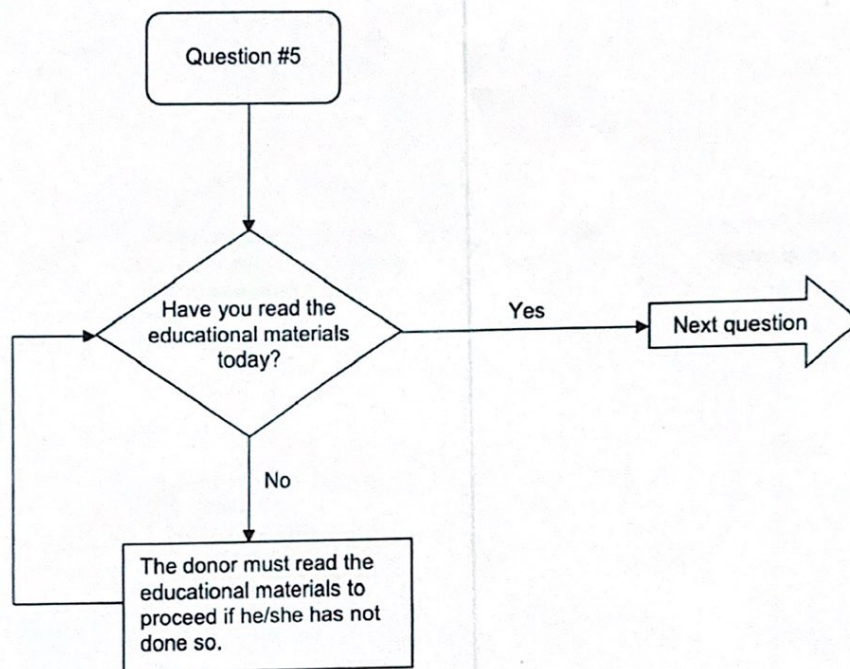
**Donor Eligibility:** A person taking medications listed on the Medication Deferral List anytime in the timeframes indicated is deferred for the appropriate period of time.





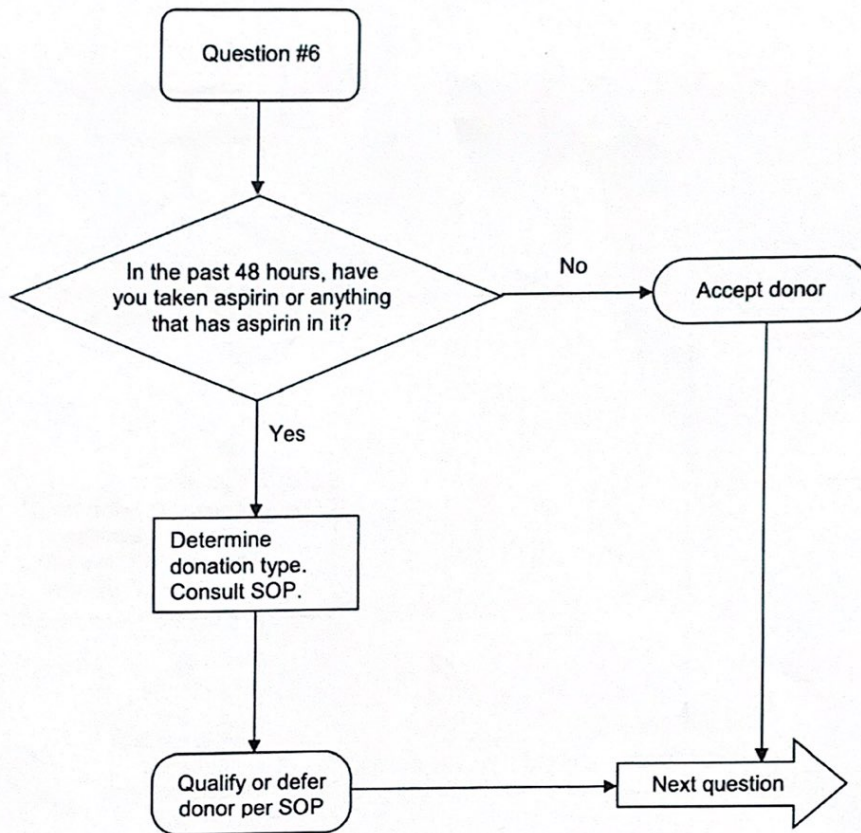
**Question:** 5. Have you read the educational materials today?

**Donor Eligibility:** Donors must read the educational materials prior to donating.



**Question:** 6. In the past 48 hours, have you taken aspirin or anything that has aspirin in it?

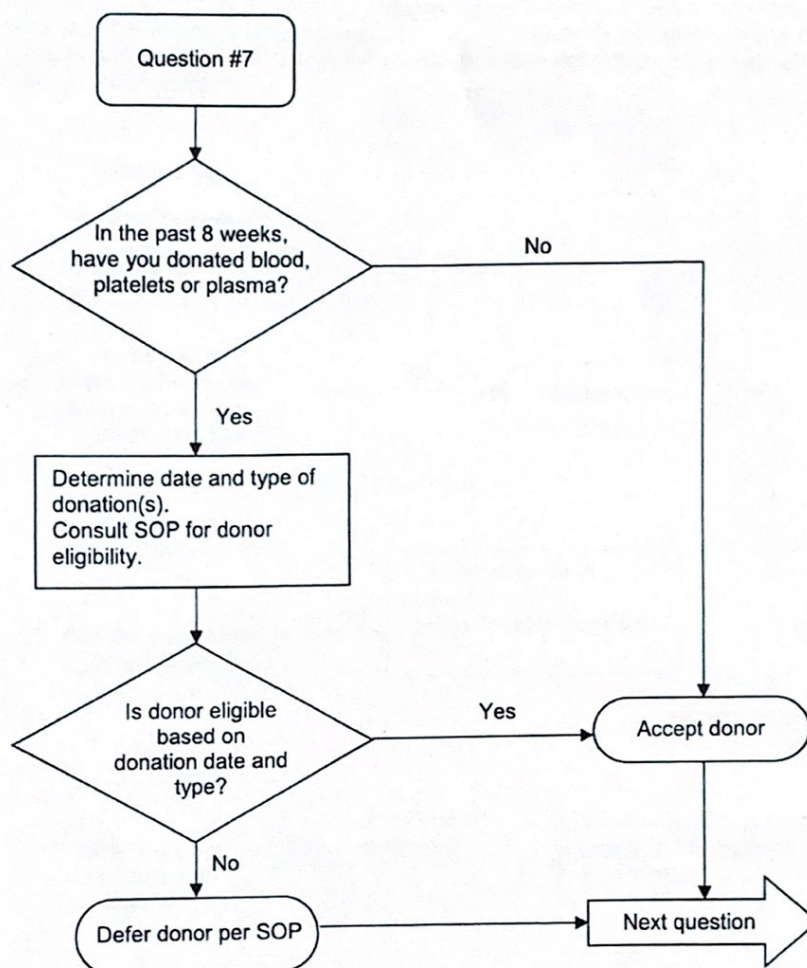
**Donor Eligibility:** Aspirin irreversibly inactivates platelet function. A person taking aspirin or any medication containing aspirin should not be the sole source of platelets.





**Question:** 7. In the past 8 weeks, have you donated blood, platelets or plasma?

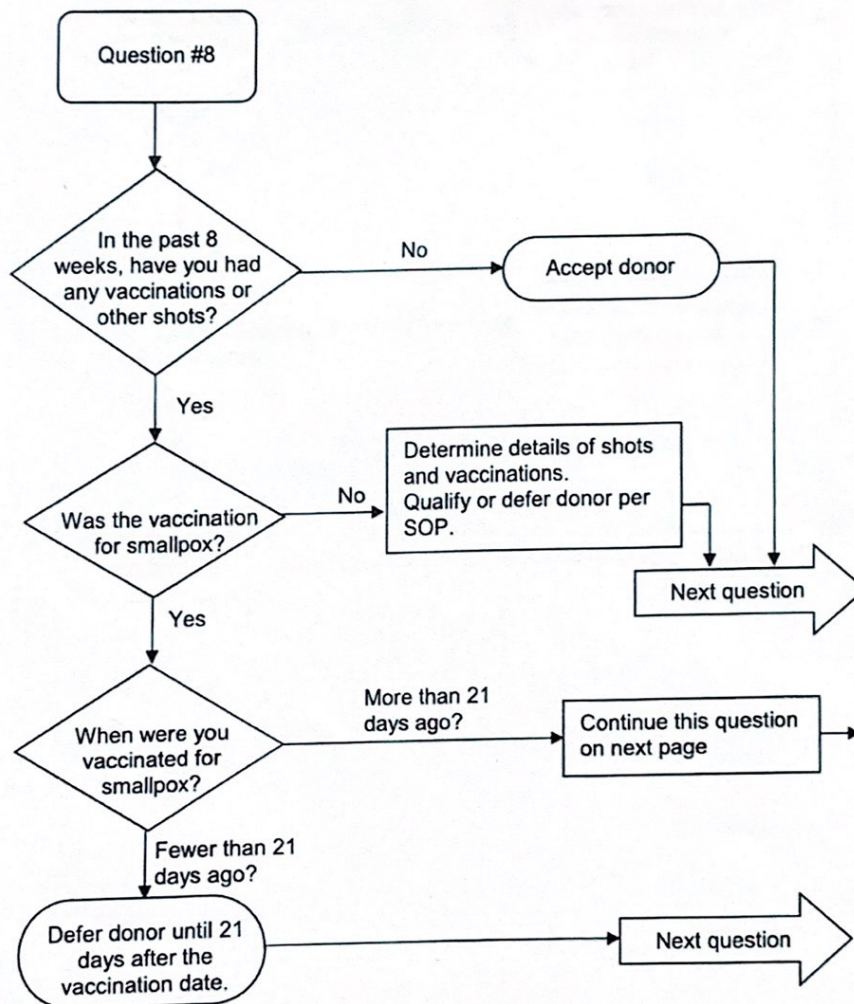
**Donor Eligibility:** A whole blood donor may donate no more frequently than every 8 weeks. Donors of plasma, platelets or leukocytes by apheresis may donate no more frequently than every 2 days.



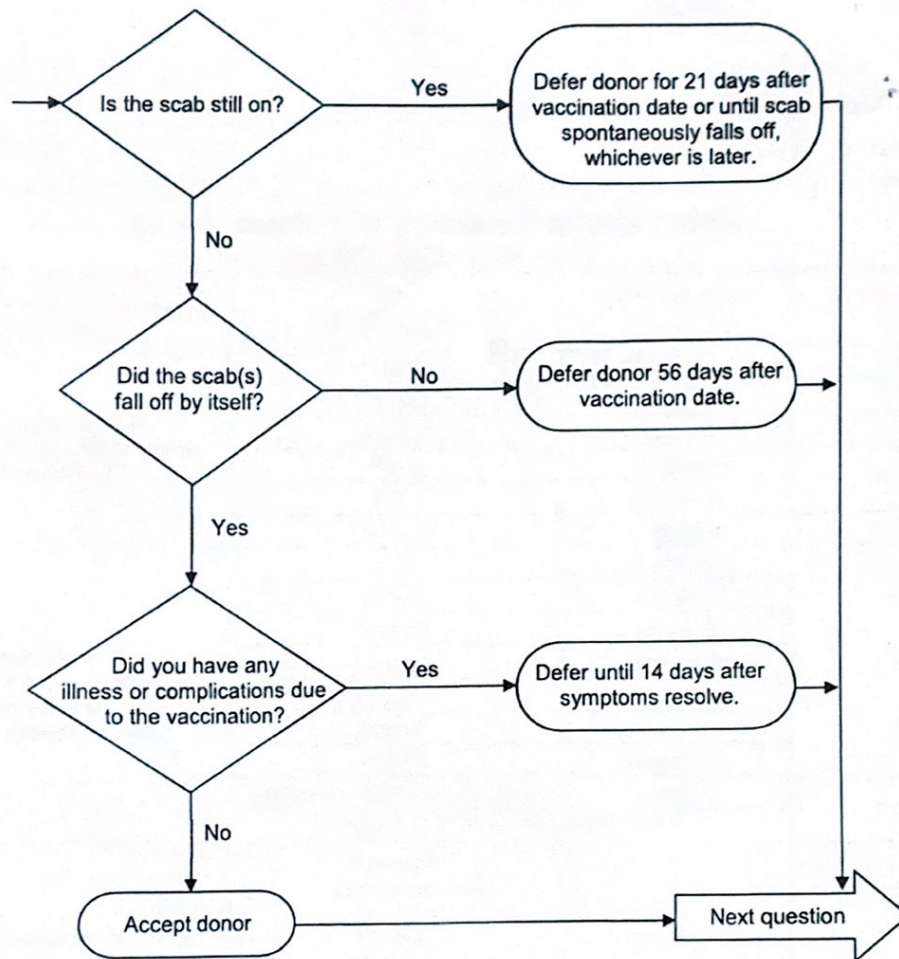
**Question: 8.** In the past 8 weeks, have you had any vaccinations or other shots?

**Donor Eligibility:** Certain vaccinations may contain live infectious agents. A person who has been exposed to a live infectious agent in a vaccination should not donate for a specified period of time.

**Note on 8alt flowchart:** Some blood centers may choose to use a simpler but stricter deferral scheme in which all donors who received the smallpox vaccination are deferred for a minimum of 56 days, regardless of when the scab fell off. Blood centers using these criteria should use alternative Flowchart 8alt.







## Medication Deferral List

**DO NOT STOP** taking medications prescribed by your doctor in order to donate blood. Donating while taking these drugs could have a negative effect on your health or on the health of the recipient of your blood.

**PLEASE TELL US IF YOU:**

ARE BEING TREATED WITH ANY OF THE FOLLOWING TYPES OF MEDICATIONS:	OR HAVE TAKEN:	WHICH IS ALSO CALLED:	ANYTIME IN THE LAST:
Anti-platelet agents (usually taken to prevent stroke or heart attack)	Feldene	piroxicam	2 Days
	Effient	prasugrel	3 Days
	Brilinta	ticagrelor	7 Days
	Plavix	clopidogrel	14 Days
	Ticlid	ticlopidine	
	Zontivity	vorapaxar	1 Month
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days
	Eliquis	apixaban	
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Savaysa	edoxaban	
	Xarelto	rivaroxaban	
	Coumadin, Warfilone, Jantoven	warfarin	7 Days
	Heparin, low molecular weight heparin		
Acne treatment	Accutane Amnesteem Absorica Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month
Multiple myeloma	Thalomid	thalidomide	
Hair loss remedy	Propecia	finasteride	
Prostate symptoms	Proscar	finasteride	
	Avodart Jalyn	dutasteride	6 Months
Immunosuppressant	Cellcept	mycophenolate mofetil	6 Weeks
Basal cell skin cancer	Erivedge Odomzo	vismodegib sonidegib	24 Months
Relapsing multiple sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	12 months
Experimental Medication or Unlicensed (Experimental) Vaccine			
Psoriasis	Soriatane	acitretin	36 Months
	Tegison	etretinate	Ever
Growth hormone from human pituitary glands			
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom			